

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 20

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

PUBLIC EMPLOYEES UNION LOCAL ONE FEDERAL POLITICAL EDUCATION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MIKE MR. THOMPSON

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 13 | | 2014 |

Mailing Address POST OFFICE BOX 10541

| | | |
|------|-------|----------|
| City | State | Zip Code |
| NAPA | CA | 94581 |

Transaction ID : SB23.4770Purpose of Disbursement
C00326363

| |
|-------------------|
| 011 |
| Category/ Type |

Amount of Each Disbursement this Period

| |
|--------|
| 250.00 |
|--------|

Candidate Name

MIKE THOMPSON FOR CONGRESS

| | | |
|----------------|--|--|
| Office Sought: | <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|----------------|--|--|

State: CA District: 05

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Purpose of Disbursement

| |
|-------------------|
| |
| Category/ Type |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Candidate Name

| | | |
|----------------|---|--|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|----------------|---|--|

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Purpose of Disbursement

| |
|-------------------|
| |
| Category/ Type |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Candidate Name

| | | |
|----------------|---|--|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|----------------|---|--|

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|--------|
| 250.00 |
|--------|

| |
|--------|
| 250.00 |
|--------|